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**TO: Official Application Related Correspondence - United States Patent and Trademark Office**

Fax No. 571/273-8300 Phone No.

**FROM: Bridget Harris for Jerry J. Yetter, Esq. (Typed or printed name of person signing Certificate)**

Fax No. 513/627-0375 Phone No. 513/627-2996

Application No.: 10/695,283

Inventor(s): Dykstra et al.

Filed: 10/28/2003

Docket No.: 9086M

Confirmation No.: 3960

**FACSIMILE TRANSMITTAL SHEET AND**  
**CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. §1.8**

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- 1) Amendment – 5 pgs.
- 2) Terminal Disclaimer – 2 pgs.
- 3) Fee transmittal – in duplicate

Number of Pages Including this Page: 10

Comments:

Nov 15 06 09:50a P&amp;G IP Div. Household Car 5136270375

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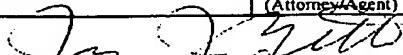
PTO/SB/17 (1-06)

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|   |  |                          |            |
|---|--|--------------------------|------------|
| <b>FEE TRANSMITTAL</b><br><b>for FY 2006</b>                              |  | <b>Complete if Known</b> |            |
| Patent fees are subject to annual revision.<br>Effective December 8, 2004 |  | Application Number       | 10/695,283 |
|   |  | Confirmation Number      | 3960       |
|   |  | Filing Date              | 10/28/2003 |
|   |  | First Named Inventor     | Dykstra    |
|   |  | Examiner Name            | Cole       |
|   |  | Art Unit                 | 1743       |
| <b>TOTAL AMOUNT OF PAYMENT (\$130.00)</b>                                 |  | Docket No.               | 9086M      |

| <b>METHOD OF PAYMENT</b>   |  |         | <b>FEES CALCULATION (continued)</b>   |                                    |
|--|--|---------|---|------------------------------------|
| 1. [X] The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to: |  |         | 5. <b>ADDITIONAL FEES</b>   |                                    |
| Deposit Account Number: 16-2480<br>Deposit Account Name: The Procter & Gamble Company  |  |         | <b>Fee Description</b>  | <b>Fee Paid</b>                    |
|  |  |         | Extension for reply within 1 <sup>st</sup> month  | (\$120) <input type="checkbox"/>   |
|  |  |         | Extension for reply within 2 <sup>nd</sup> month  | (\$450) <input type="checkbox"/>   |
|  |  |         | Extension for reply within 3 <sup>rd</sup> month  | (\$1,020) <input type="checkbox"/> |
|  |  |         | Extension for reply within 4 <sup>th</sup> month  | (\$1,590) <input type="checkbox"/> |
|  |  |         | Extension for reply within 5 <sup>th</sup> month  | (\$2,160) <input type="checkbox"/> |
|  |  |         | Information Disclosure Statement fee  | (\$180) <input type="checkbox"/>   |
|  |  |         | 37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)   | (\$130) <input type="checkbox"/>   |
|  |  |         | 37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet                                    | (\$50) <input type="checkbox"/>    |
|  |  |         | Non-English specification   | (\$130) <input type="checkbox"/>   |
|  |  |         | Notice of Appeal  | (\$500) <input type="checkbox"/>   |
|  |  |         | Filing a brief in support of an appeal  | (\$500) <input type="checkbox"/>   |
|  |  |         | Request for oral hearing  | (\$1,000) <input type="checkbox"/> |
|  |  |         | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | (\$1,370) <input type="checkbox"/> |
|  |  |         | Other: Statutory Disclaimer under 37 CFR §1.20(d)   | (\$130) <input type="checkbox"/>   |
| 2. <b>BASIC FILING FEE - Large Entity</b>  |  |         | <b>FEES CALCULATION</b>   |                                    |
|  |  |         | FILING    SEARCH    EXAMINATION   |                                    |
|  |  |         | <b>Fee</b>  | <b>Fee</b>                         |
| <b>Application</b>   |  |         |   | <b>Fee Paid</b>                    |
| Type   |  |         |   |                                    |
| Nonprovisional   | (\$300)  | (\$500) | (\$200)   |                                    |
| Utility  |  |         | (Total = \$1000)  | <input type="checkbox"/>           |
| Design   | (\$200)  | (\$100) | (\$130)   |                                    |
|  |  |         | (Total = \$430)   | <input type="checkbox"/>           |
| Reissue  | (\$300)  | (\$500) | (\$600)   |                                    |
|  |  |         | (Total = \$1400)  | <input type="checkbox"/>           |
| Provisional Utility filing fee   |  |         | (Total = \$200)   | <input type="checkbox"/>           |
| 3. <b>APPLICATION SIZE FEE:</b>  |  |         |   |                                    |
| Sheets of Spec and Drawings  |  |         | <input type="checkbox"/>  |                                    |
| (\$250 for each 50 sheets in excess of 100, except for sequence and program listings)  |  |         |   |                                    |
| <b>SUBTOTAL (2)+(3) (\$)</b>   |  |         | ()  |                                    |
| 4. <b>EXTRA CLAIM FEES FOR UTILITY AND REISSUE:</b>  |  |         |   |                                    |
|  |  |         | Extra    Fee from    Fee  |                                    |
|  |  |         | Claims    Below    Paid   |                                    |
| Total Claims   | <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/> |         |   |                                    |
| Independent Claims   | <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>  |         |   |                                    |
| Multiple Dependent claims:   | <input type="checkbox"/> = <input type="checkbox"/>  |         |   |                                    |
| ** or number previously paid, if greater; For Reissues, see below  |  |         |   |                                    |
| <b>Fee Description</b>   |  |         |   |                                    |
| Claims in excess of 20 (\$50 per claim)  |  |         |   |                                    |
| Independent claims in excess of 3 (\$200 per claim)  |  |         |   |                                    |
| Multiple dependent claim, if not paid (\$360)  |  |         |   |                                    |
| **Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim)  |  |         |   |                                    |
| **Reissue claims: each claim over 20 and more than original patent (\$50 per claim)  |  |         |   |                                    |
| <b>SUBTOTAL (4) (\$)</b>   |  |         | <b>SUBTOTAL(5) (\$)</b> <input type="checkbox"/> [130]  |                                    |

| <b>SUBMITTED BY</b> |   | Complete (if applicable)          |        |                          |
|---------------------|---|-----------------------------------|--------|--------------------------|
| Name (Print/Type)   | Jerry J. Vetter   | Registration No. (Attorney/Agent) | 26,598 | Telephone (513) 627-2996 |
| Signature           |  |                                   |        | Date November 15, 2006   |

+ This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed information. Estimated burden hours: 0.20.